18 APPENDIX 6

18.1 AAUS REQUEST FOR DIVING RECIPROCITY FORM VERIFICATION OF DIVER TRAINING AND EXPERIENCE

Diver:	Date:	NO AI	ND EXPENSE	L			
This letter serves to verify that the aborequirements necessary to be certified Diving Safety Manual and has demonstrated or exceeds all AAUS training received the received of this summary of this	ove listed person has met as a (Scientific Diver / Estrated competency in the equirements.	<i>liver in T</i> e indicate	<i>Training)</i> as established areas. Connecticut S	d by C Scuba	onnecticut Academy	Scuba Academy's is an AAUS OM an	
A. Training Information							
Activity	Date	Coursework			Date	Agency	
Written Scinetific Diving Exam		CPR					
Diving Medical Exam		First Aid					
Scuba equipment service/test		Oxygen First Aid					
Checkout Dives							
B. Diving Information							
Pate of last CTSA dive:			Depth Certification:				
Dives logged in last 12 months:			Restrictions?				
C. Additional Certifications							
☐ Dry suit ☐ Ice/Polar ☐ Altitude ☐ Computer ☐ Blue water ☐ Other:	Mixed GasDecompressionSaturation		Rescue Divemaster Instructor Night Cavern/Cave EMT Dive Accident Management Chamber Operator Closed Circuit Small Boat Operator			ent	
D. Verification							
The information listed above is truis an Organizational Member of requirements		of Und	erwater Sciences (A	AUS)	and conf	orms to the minim	
Signature	Date	_	Signature			Date	
Thomas Montuori Diving Sa	fety Officer						
Connecticut Scuba Academy	y						